

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531899

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3		1		1		
4		2		1		
5						
6	1		1			
7		1		1		
8		2		1		
9						
10	1		1			
11		1		1		
12		2		1		
13		①				
14				1		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	10	←	9	←		←
TOTAL CLAIMS	13		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						